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**Erc Specialty Claims (GE ERC)**

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**From:** Faxination [Faxination@erckan.fax]  
**Sent:** Wednesday, July 26, 2006 2:27 PM  
**To:** Erc Specialty Claims (GE ERC)  
**Subject:** Fax received (4p) from:'9739944882' on ID:6890



00028232000.tif

Incoming Fax:

Description:

Explanation:

Sent to:'6890' CSID:9739944882 (0)

Items received: 4

Duration: 44 seconds Transmission speed: 26400 baud

Gateway ID: 0 Job Reference: 00028231

**Brian - I'll send over the policy specs via email, I'm in that system already. Thank you. dm**

**Jared - see above, I will send policy to you, sent this to Brian first but then handed him a FL matter instead. Let me know if you need anything. dm**



# LAWYERS

## UNDERWRITING SERVICES

P.O. Box 29179 • Shawnee Mission, Kansas 66201 • Fax 1.800.844-7420 • [ercaffinitymail@ge.com](mailto:ercaffinitymail@ge.com)

ADDRESSEE <b>TO: **CLAIMS**</b>	PHONE ( ) -	TODAY'S DATE 07 / 26 / 2006
SENDER <b>FROM: Lisa Mancino</b>	PHONE ( 973 ) 994 - 4881	NEED-BY DATE / /
SENDER <b>E-ADDRESS: Lisa@RatnerAssociates.com</b>		EFFECTIVE DATE 03 / 14 / 2006
<b>SAN / SUBMISSION ID / POLICY NO.: NRL-004960-8</b>		INSURED STATE NY
<b>APPLICANT / NAMED INSURED: Cohen Hennessey &amp; Blenstock &amp; Rab</b>		TOTAL PAGE COUNT INCLUDING THIS FORM 4

### PIF

#### DOCUMENT TYPE PLEASE SELECT ONLY ONE BOX BELOW

- |  |   |
|--|---|
| <input type="checkbox"/> Address Change                          | <input type="checkbox"/> Limits Change                                    |
| <input type="checkbox"/> Additional Insured Add / Delete         | <input type="checkbox"/> Loss Control Documentation                       |
| <input type="checkbox"/> Attorney Add / Delete                   | <input type="checkbox"/> Loss Run   |
| <input type="checkbox"/> Application Westport                    | <input type="checkbox"/> Name Change                                      |
| <input type="checkbox"/> Application Competitor                  | <input type="checkbox"/> Non-Renewal Notice                               |
| <input type="checkbox"/> Binder                                  | <input type="checkbox"/> Policy   |
| <input type="checkbox"/> Broker of Record Request                | <input type="checkbox"/> Premium Finance Notice                           |
| <input type="checkbox"/> Certificate of Insurance                | <input type="checkbox"/> Quotation  |
| <input type="checkbox"/> Conditional Non-Renewal                 | <input type="checkbox"/> Rating / Evaluation Worksheet                    |
| <input type="checkbox"/> Correspondence                          | <input type="checkbox"/> Registered / Certified Mail (RCM) Return Receipt |
| <input type="checkbox"/> Deductible Change                       | <input type="checkbox"/> Underlying Policy Excess                         |
| <input type="checkbox"/> Extended Reporting Period - ERP / NPERP | <input type="checkbox"/> Update / Warranty Letter                         |
| <input type="checkbox"/> Extension of Policy Period              | <input type="checkbox"/> Other _____                                      |
| <input type="checkbox"/> E-Board Presentation                    |   |

#### TRANSACTION TYPE PLEASE SELECT THE BOX BELOW

☒ Put In File (PIF)

### PROCESS

#### DOCUMENT TYPE PLEASE SELECT ONLY ONE BOX BELOW

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Additional Information              | <input type="checkbox"/> Certificate of Reinsurance | <input type="checkbox"/> Loss Run Request              |
| <input type="checkbox"/> Application Westport                | <input checked="" type="checkbox"/> Claim Report    | <input type="checkbox"/> Premium Finance Request       |
| <input type="checkbox"/> Application Competitor              | <input type="checkbox"/> Correction Request         | <input type="checkbox"/> Rating / Evaluation Worksheet |
| <input type="checkbox"/> Billing & Collection Change Request | <input type="checkbox"/> Correspondence             | <input type="checkbox"/> Request to Issue              |
| <input type="checkbox"/> Broker of Record Request            | <input type="checkbox"/> Endorsement Request        | <input type="checkbox"/> Underlying Policy Excess      |
| <input type="checkbox"/> Cancellation Request                | <input type="checkbox"/> Financial Report           | <input type="checkbox"/> Update / Warranty Letter      |

#### TRANSACTION TYPE PLEASE SELECT ONLY ONE BOX BELOW

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accounting Change                           | <input type="checkbox"/> Deductible Change                          | <input type="checkbox"/> Name Change  |
| <input type="checkbox"/> Additional Insured Add / Delete             | <input type="checkbox"/> Excess Coverage                            | <input type="checkbox"/> New Business Request to Issue                            |
| <input type="checkbox"/> Address Change                              | <input type="checkbox"/> Extended Reporting Period - ERP / NPERP    | <input type="checkbox"/> New Business Submission                                  |
| <input type="checkbox"/> Attorney Add / Delete                       | <input type="checkbox"/> Extension of Policy Period                 | <input type="checkbox"/> New Business Submission - Requires Application Entry     |
| <input type="checkbox"/> Broker of Record Request                    | <input type="checkbox"/> Facultative Reinsurance Underwriter Review | <input type="checkbox"/> Reinstatement Request                                    |
| <input type="checkbox"/> Cancel by Company                           | <input type="checkbox"/> Limits Change                              | <input type="checkbox"/> Renewal Business Request to Issue                        |
| <input type="checkbox"/> Cancel by Insured or by Premium Finance Co. | <input type="checkbox"/> Loss Run Request Report                    | <input type="checkbox"/> Renewal Business Submission                              |
| <input type="checkbox"/> Correction                                  | <input type="checkbox"/> Midsize Law Firm Issuance                  | <input type="checkbox"/> Renewal Business Submission - Requires Application Entry |

#### SUBJECT

##### IF APPLICABLE - PLEASE SELECT ONLY ONE BOX BELOW

- |   |   |  |                                      |  |  |
|---|---|--|--------------------------------------|--|--|
| <input type="checkbox"/> Additional Information Request | <input type="checkbox"/> Cancel / Rewrite | <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Declination | <input type="checkbox"/> Non-Binding Indication "Ballpark" | <input type="checkbox"/> Referral Response |
|---|---|--|--------------------------------------|--|--|

COMMENTS claims department - potential claim

07/26/2008 14:59 FAX

001

**COHEN HENNESSEY BIENSTOCK & RABIN P.C.**  
*Attorneys At Law*  
11 West 42<sup>nd</sup> Street, 19<sup>th</sup> Floor  
New York, New York 10036-8002  
(212) 575-0007  
Fax (212) 764-3925/21

TELECOMMUNICATION LETTER

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: Laura Sundquist

LOCATION: \_\_\_\_\_

FAX NUMBER: 973 994 4882FROM: Pat Hennessey

DOCUMENT(S) SENT: \_\_\_\_\_

TOTAL NUMBER OF PAGES: \_\_\_\_\_ INCLUDING COVER LETTER

DATE: 7/26/06 TIME: \_\_\_\_\_

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL BACK AS SOON AS POSSIBLE.

For Westport Ins Co  
PLEASE DELIVER IMMEDIATELY

TELECOMMUNICATOR: \_\_\_\_\_

TELEPHONE NUMBER: (212) 575-0007CLIENT/MATTER NUMBER: 30900 061

IMPORTANT - THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT READING, DISSEMINATING, DISTRIBUTING OR COPYING THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U. S. POSTAL SERVICE. THANK YOU.

RATNER ASSOCIATES

JUL 26 2006

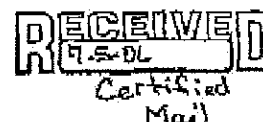
07/26/2006 14:59 FAX

002

LAW OFFICES OF  
**PAUL I. MARX**  
THE GATEWAY BUILDING  
ONE NORTH LEXINGTON AVENUE  
WHITE PLAINS, NEW YORK 10601

PAUL I. MARX\*  
\*MEMBER NY & NJ BAR

(914) 949-4760  
FACSIMILE (914) 949-4141



ELIOT M. SCHUMAN  
OF COUNSEL

**SENT VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
AND REGULAR MAIL**

June 29, 2006

Patricia Hennessey, Esq.  
Cohen Hennessey & Bienstock, P.C.  
11 West 42<sup>nd</sup> Street, 19<sup>th</sup> Floor  
New York, NY 10036

Dear Ms. Hennessey:

This is to advise you that we represent Jayne Asher, a former client of yours, who sustained damages and monetary loss as a result of legal malpractice committed by your firm.

Specifically, our client was damaged by reason of your firm's failure, in the course of representing her in connection with a divorce action against her ex-husband, to timely exercise rights of election with respect to a term insurance policy on the life of her ex-husband with a death benefit in the amount of \$1,000,000.00, and a variable insurance policy on the life of her ex-husband, also with a death benefit in the amount of \$1,000,000.00. As a result thereof, our client lost the value of her right to assume the term policy and retain ownership of the variable policy, both of which were options given to her pursuant to the Stipulation which settled the divorce action.

As you know, because of your failure to preserve her rights under the Stipulation, the First Department of the Appellate Division of the Supreme Court of the State of New York determined (in its decision dated February 24, 2004) that Ms. Asher waived her rights of election under the Stipulation and thus lost the benefit of such insurance policies.

**RATNER ASSOCIATES**

JUL 26 2006

07/26/2006 15:00 FAX

003

Patricia Hennessey, Esq.  
Cohen Hennessey & Bierstock, P.C.  
Re: Jayne Asher  
Page Two  
June 29, 2006

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Please be certain to give notice of this claim to any and all professional liability insurance carriers that have issued legal malpractice policies to your firm which maybe applicable to and available to satisfy our client's claims herein, and advise us of the name and address of said carrier(s), as well as the policy number(s) of such policies. Please direct all further communications relating to this matter to our office.

If you wish to discuss this matter in order to avoid litigation, please feel free to contact me.

Very truly yours,



Paul I. Marx

PIM/eh

RATNER ASSOCIATES  
JUL 26 2006